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## BIB DATA SHEET

CONFIRMATION NO. 5752

<b>SERIAL NUMBER</b> 10/535,173	<b>FILING or 371(c) DATE</b> 05/16/2005 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 4166	<b>ATTORNEY DOCKET NO.</b> 0518-1149		
<b>APPLICANTS</b> Claude Mialhe, Draguignan, FRANCE; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR03/50092 10/15/2003 <b>** FOREIGN APPLICATIONS *****</b> FRANCE 02/14287 11/15/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b>						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/SON H DANG/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> YOUNG & THOMPSON 209 Madison Street Suite 500 ALEXANDRIA, VA 22314 UNITED STATES						
<b>TITLE</b> Occlusive device for medical or surgical use						
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			